

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOLLY SPRINGS SENIOR CITIZENS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1881 BIG ISLAND ROAD RUTHERFORDTON, NC 28139
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell and Billy Bryant on 8-19-2015.</p> <p>Information gathered from our Master Facility File indicates that this facility was first licensed on 1-1-1978, for 32 residents. Based on this information, the facility was surveyed using the the 1978 NC State Building Code, the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.</p>	C 111		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor</p>	C 164		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOLLY SPRINGS SENIOR CITIZENS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1881 BIG ISLAND ROAD RUTHERFORDTON, NC 28139
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	<p>Continued From page 1</p> <p>coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, the floor tiles were broken in the Mens' bathroom off the Activity room. Broken floor tiles can be a trip hazard and can harbor harmful bacteria. 2. Based on observation, the upholstery was torn on one of chairs in the living room. 	C 164		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, the magnetic hold-open devices on the cross-corridor smoke barrier doors re-energized when the fire alarm system was silenced. Smoke barrier doors that will remain open when the fire alarm system is activated and silenced could allow smoke from a fire to travel throughout the building. 2. Based on observation, the exit from the 	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOLLY SPRINGS SENIOR CITIZENS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1881 BIG ISLAND ROAD RUTHERFORDTON, NC 28139
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 2</p> <p>Activity room was difficult to open. Exit doors that do not open easily could delay or prevent an evacuation in an emergency.</p> <p>3. Based on observation there was a hasp and padlock on the walk-in freezer. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the freezer.</p> <p>4. Based on observation the escape feature on the walk-in refrigerator had been disabled. Improperly operating latching hardware presents the possibility that someone could be trapped in the refrigerator.</p> <p>5. Based on observation, there were many items stored directly in front of the main electrical panel and both of the electrical panels in the Biohazard room. Storage in front of electrical panels is a Building Code violation and could delay access to the electrical disconnects in an emergency.</p> <p>6. Based on observation, the hose on the hair wash wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.</p>	C 189		